

**NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES
DIVISION OF HEALTH CARE SYSTEMS ANALYSIS
CON & ACUTE CARE LICENSURE PROGRAM
PO BOX 360, ROOM 403
TRENTON, NEW JERSEY 08625-0360**

FEES FOR THE LICENSURE & BIENNIAL INSPECTION OF ACUTE CARE FACILITIES

TYPE OF FACILITY	NEW** FACILITY FEE	RENEWAL FEE	ADD BEDS OR SERVICES	RELOCATE OR REDUCE SERVICES	TRANSFER OF OWNERSHIP INTEREST	BIENNIAL** INSPECTION FEE
Home Health Agency	\$2,000	\$2,000	N/A	\$0 NOTE	\$1,000	\$500
Hospital: Comprehensive Rehabilitation	\$8,000	\$8,000	\$1,000	\$250	\$2,000	\$4,000
Hospitals: General, Special & Psychiatric	\$8,000	\$8,000	\$2,000	\$250	\$1,000	\$4,000
Maternal & Child Health Consortium	\$500	\$500	N/A	\$250	\$1000	\$400
Residential Substance Abuse Treatment Facility	\$500+\$3 per bed	\$500+\$3 per bed	\$500	\$250	\$500	\$500
Hospice Care Program (Main)	\$2,000	\$2,000	N/A	\$0 NOTE	\$1,000	\$1,000
Hospice Care Program (Branch)	\$150	\$150	N/A	\$0 NOTE	N/A	\$0
Ambulatory Care Facility: (Per Service)*				\$250	\$1,000	
Ambulatory Care	\$1,750	\$750	\$1,750			\$1,000
Ambulatory Surgery	\$2,500	\$2,500	\$2,500			\$2,000
Birth Centers	\$1,750	\$750	\$1,750			\$200
Chronic Hemodialysis	\$2,500	\$2,500	\$2,500			\$2,000
Comprehensive Outpatient Rehabilitation	\$1,750	\$750	\$1,750			\$1,000
Computerized Axial Tomography (CAT)	\$2,000	\$1,000	\$2,000			\$1,000
Drug Abuse Treatment (Outpatient)	\$1,750	\$750	\$1,750			\$300
Extracorporeal Shock Wave Lithotripsy	\$1,750	\$750	\$1,750			\$1,000
Family Planning	\$1,200	\$200	\$1,200			\$200
Family Planning (Satellite)	\$600	\$100	\$600			\$200
Magnetic Resonance Imaging (MRI)	\$2,000	\$1,000	\$2,000			\$1,000
Megavoltage Radiation Oncology	\$2,500	\$2,500	\$2,500			\$2,000
Positron Emission Tomography (PET)	\$1,750	\$750	\$1,750			\$2,000
Primary Care (including sleep centers)	\$1,750	\$750	\$1,750			\$200
Primary Care Satellite	\$875	\$375	\$875			\$200
Satellite Emergency Departments	\$2,500	\$2,500	\$2,500			\$2,000

* Ambulatory Care Facilities are required to pay a licensing fee for each licensed service. For example, a facility both Ambulatory Surgery and MRI Services must pay a licensing renewal fee of \$2,500 for Ambulatory Surgery Services, and an additional \$1,000 for the renewal of MRI Services. However, Ambulatory Care Facilities need only pay a single “the highest of” fee for the biennial inspection. Therefore, this facility would not pay both the \$2,000 Ambulatory Surgery inspection fee and the \$1,000 MRI inspection fee, but would only remit the highest of the two fees, or \$2,000 for the biennial inspection. Please make check payable to “**TREASURER, STATE OF NEW JERSEY**”.

** **FIRST TIME LICENSURE APPLICANTS MUST PAY BOTH THE NEW FACILITY FEE AND THE BIENNIAL INSPECTION FEE WHEN SUBMITTING THE APPLICATION.**

Note: Neither Home Health Agencies nor Hospice Care Programs will be charged for Branch Closings, but will be charged \$250 for main office/branch relocations.

Please note that psychiatric hospitals are not inspected by the Division of Health Care Systems Analysis 12-4-01